

PLACE OF BIRTH

1. County of Yuma

District of _____

Town of _____

or

City of Hayden

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144County Registrar No. 3

Local Registrar No. _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Martha Guerra Bravo } If child is not yet named, make supplemental report, as directed.3. Sex of Child ♀ } To be answered ONLY } 4. Twin, triplet or other _____ } 6. Legitimate? Yes } 7. Date of birth 1-13-29
In event of plural births. } 5. No., in order of birth _____ } Month day year8. FATHER
Full name Ramon E. Bravo14. MOTHER
Full maiden name Frances E. Guerra9. Residence
(Usual place of abode) Hayden
If nonresident, give place and state15. Residence
(Usual place of abode) Hayden
If nonresident, give place and state10. Color or race Mex.
11. Age at last birthday 21 (Years)16. Color or race Mex.
17. Age at last birthday 17 (Years)12. Birthplace (city or place)
(State or country) Arizona18. Birthplace (city or place)
(State or country) Arizona13. Occupation
Nature of Industry Laborer19. Occupation
Nature of industry H. W.20. Number of children of this mother { (a) Born alive and now living 1
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (c) Stillborn 0
21. Were precautions taken against oph-
thalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 p.m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given name added from
a supplemental reportSignature Edw. R. Winslow
(Physician or midwife)Address Hayden, Ariz.Filed Jan 14, 1929 Local Registrar.

Filed _____ 19 _____ County Registrar.

Registrar.

in order of birth stated.